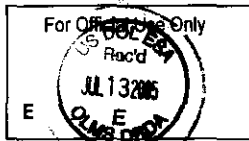


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2762	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name CHARLES M. GAYNEY P.O. Box, Bldg., Room No., if any Street 8000 E. JEFFERSON City DETROIT State MICHIGAN ZIP Code + 4 48214-3963	4. Name, file number, and address of labor organization. Name INTERNATIONAL UNION, UAW Labor Organization File Number 000149 P.O. Box, Building and Room Number, if any Street 8000 E JEFFERSON City DETROIT State MICHIGAN ZIP Code + 4 48214-3963
5. Position in labor organization. DIRECTOR, SOCIAL SECURITY DEPARTMENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles M. Gayney

On

7/7/05

Date

313. 926. 5321

Telephone Number

Name of Person Filing

CHARLES M GAYNEY

File Number U-

2762

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **NATNOL INTEGRATED GROUP PENSION PLAN**Trade Name, if any: **NIGPP**

P.O. Box, Bldg., Room No., if any

Street **200 WOOD AVENUE SOUTH**City **ISELIN**State **NEW JERSEY**ZIP Code + 4 **08830-2762**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

* TOO MANY EMPLOYERS TO LIST

11.a. Nature of such dealing.

NIGPP IS A MULTI-EMPLOYER PENSION TRUST COVERING EMPLOYEES/PARTICIPANTS OF NUMEROUS EMPLOYERS WHO ARE REPRESENTED BY SEVERAL UNIONS INCLUDING THEUAW.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A TRUSTEE OF NIGPP, I RECEIVED REIMBURSED EXPENSES FOR 4 MEETINGS DURING 2004 (AIR, HOTEL, TRANSPORTATION, PARK)

12.b. Amount.

\$3,007

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

CHARLES M. GAYNEY

File Number U-

2762

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BLUE CROSS BLUE SHIELD OF MICHIGAN

Trade Name, if any: BCBSM

P.O. Box, Bldg., Room No., if any

Street 600 LAFAYETTE EAST

City DETROIT

State MICHIGAN

ZIP Code + 4 48226-2998

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

* TOO MANY EMPLOYERS TO LIST

11.a. Nature of such dealing.

BCBSM PROVIDES HEALTH INSURANCE AND ADMINISTRATIVE SERVICES FOR SELF-INSURED EMPLOYERS THROUGHOUT MICHIGAN INCLUDING THE UAW

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

I AM A MEMBER OF THE BCBSM BOARD OF DIRECTORS AND ALSO SERVE ON NUMEROUS BOARD SUBCOMMITTEES AND AM COMPENSATED FOR BOTH

12.b. Amount.

\$34,350

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.